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AUTHOR Cook, Gillian E.; Skipper, Barbara L.
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ABSTRACT

A clinical supervision training program has provided department level coordinators with support in their role as a bridge between administrators and teachers in six high schools and nine middle schools in a San Antonio, Texas, school district. This paper identifies major characteristics of the training program's model, describes the program, and discusses research findings on program effects. The approach is an alternative model of instructional supervision that is interactive and teacher-centered. The concept of developmental change over time applies to both teachers and supervisors. Each 6-month training program followed a sequence of workshops and seminars. The report describes a history of programs from 1982-86 in the school district. Four sources of data collection evaluate program effects: (1) daily workshop evaluation, (2) summary evaluations at the end of each program phase, (3) ongoing analysis of participants' "stages of concern," and (4) a final examination of participants' perceptions. A summary of participant responses and research findings about the program is presented. The training program was successful in teaching observation and self-analysis of classroom instruction. Improved skills in listening, reflecting, and problem solving were reported, thereby enabling departmental supervisors to give greater support. (CJH)

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BRIDGE OVER TROUBLED WATERS: TRAINING FOR DEPARTMENT LEVEL SUPERVISORS

Gillian E. Cook
Associate Professor
The University of Texas at San Antonio
San Antonio, Texas

Barbara L. Skipper
Secondary Math Supervisor
Northside Independent School District
San Antonio, Texas

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BRIDGE OVER TROUBLED WATERS:
TRAINING FOR DEPARTMENT LEVEL SUPERVISORS

Introduction

The metaphor of a bridge is particularly apt for the role of a department level supervisor in a middle or high school. Like a bridge, the supervisor (department chairperson, head, coordinator) belongs neither to one bank (administration) or the other (teaching) but at the same time is firmly rooted in both. Like a bridge, the supervisor provides a means of communication and trade between the two opposing banks of the principal's office and the teacher's classroom. Like a bridge, the supervisor spans waters which may flow peacefully or may rage fiercely, but which always form some type of barrier. And like a bridge, the department level supervisor needs both support and maintenance.

This support and maintenance, only too frequently, is not available. Every department level supervisor can think of times when theimage of a human bridge, with fingers clutching at one bank while feet maintain a precarious toe hold on the other, seems only too real. However, a well-supported bridge can be a thing of strength and beauty, serving the needs of those on both sides of the water.

The Clinical Supervision Training Program is designed to provide support and maintenance in a particularly sensitive area of the Supervisor's work: working with teachers to improve classroom instruction. In this area, the supervisor may be perceived as the pawn of the administration, an interloper, and, to some extent, a traitor, as he or she enters the teacher's classroom, even if the purpose is to help the teacher or to provide formative evaluation.

During the past four years, the Clinical Supervision Training Program has provided intensive and extensive training in classroom observation and in supervisory conference techniques and skills for the department coordinators in the six high schools and nine middle schools in the Northside Independent School District in San Antonio, Texas.

In this paper, we will first identify the major characteristics and assumptions of the model of clinical supervision which was used in the program. The program itself will then be described. Finally, research findings concerning the effects of the training program will be discussed.

What is Clinical Supervision?

In the twenty-five years since the term Clinical Supervision first appeared on the educational scene, the general concept has developed in various different ways, and several models have appeared, each with its own philosophical and psychological base, assumptions and definitions, and behaviors. The model used in this program is based upon the work of Morris Cogan (1973) and Robert Goldhammer (1969).

This approach to instructional supervision has been described as:

> "An alternative model of supervision that is interactive rather than directive, democratic rather than authoritarian, teacher-centered rather than supervisor-centered." (Acheson & Gall, 1980).

and as:

> "The rationale and practice designed to improve the teacher's classroom performance. It takes its principal data from the events of the classroom. The analysis of these data and the relationship between teacher and supervisor form the basis of the program, procedures, and strategies designed to improve the students' learning by improving the teacher's classroom behavior." (Cogan, 1973).

Sergiovanni describes some of the assumptions underlying clinical supervision as follows:

> "Clinical supervision is based on a number of assumptions different from those of traditional rating and evaluating and prescribes a pattern of action which departs substantially from present practice. In clinical supervision it is assumed, for example, that the school curriculum is, in reality, what teachers do day-by-day, that changes in curriculum and in teaching formats require changes in how teachers behave in classrooms, that supervisors are not teachers of teachers, that supervision is a process for which both supervisors and teachers are responsible, that the focus of supervision is on teacher strengths, that given the right conditions teachers are willing and able to improve, that

teachers have large reservoirs of talent, often unused, and that teachers derive satisfaction from challenging work." (Sergiovanni and Starratt, 1979).

Additional assumptions, which help to explain the approach taken in the Clinical Supervision Training Program include the following:

1. Teaching is behavior: that is, teaching is what the teacher does and what the pupils do, observably and in interaction.

2. Teaching, as a complex interaction of the teacher's behavior, the learner's behavior and content and context variables, is patterned.

3. Teaching behavior is, or can be, subject to understanding and control (and therefore change) by the teacher. (Mosher and Purpel, 1972)

4. "Behavior in schools and reality are often human inventions governed by perceptions, values and beliefs as much as they are made up of objective data gained from the use of scientific laws."

5. "Meanings implicit in supervisory behavior are beyond the reach of mere descriptions and objective measurements. Indeed, the same act may have quite different meanings to different people or to the same people in different situations." (Sergiovanni and Starratt, 1983)

6. Supervision brings about change (as teaching children brings about change).

7. Significant change in behavior occurs over time.

8. The cyclical process of clinical supervision allows for developmental growth.

9. When beginning clinical supervision, both teacher and supervisor adopt new roles.

   Learning a new role involves a movement

   A. from being ego centered to being other-centered:
   B. from a simplistic perception to a more complex perception of the role.

10. Like any developmental process, it is easy to revert to an earlier developmental stage, particularly when tired or under stress (both for teachers and supervisors). This should be recognized and treated with respect.

11. Development and change in clinical supervision occurs most effectively under conditions of empathy, genuineness, and positive regard (trust).

The concept of developmental change over time applies not only to teachers, but also to the supervisors who are learning this new approach to instructional supervision. The program is therefore designed to extend over a minimum of six months for each group of participants, with a carefully sequenced program of workshops and seminars. The history and description of the program follows in the next section of this paper.

History of the Northside ISD Clinical Supervision Training Program, 1982-86

Northside Independent School district in San Antonio is made up of 28 elementary, 16 secondary, and nine special schools. It has a student population of over 43,000 students, a 38% increase in just the last five years. The students' ethnic distribution is 6.3% Black, Asian, and Indian; 42.4% Hispanic; and 51.3% other. This large suburban district with many urban qualities physically spans 350 square miles in Northwestern San Antonio and Bexar County. Much of this land is currently being developed, including the new Harcourt-Brace-Jovanovich SEAWORLD and a new inter-regional mall.

The program was introduced in 1982 with the following goals:

> "The ultimate aim of the program is the improvement of student learning and classroom instruction through a long term program of individualized professional development. The program is designed to improve the quality of instructional supervision at the department level in the secondary schools. The program provides a system of experiential, individual professional development for department coordinators in all high schools and middle schools in the district."

In the first year of the program (Phase I), the sixteen high school department coordinators of English, social studies, math, and science (from the four existing high schools) were trained. The three district level secondary supervisors of English, math, and science participated in the leadership of the program, and received on-the-job training both in the model and in its implementation in the district schools.

The program was extended the following year (1983-84; Phase 2) to middle school coordinators of English, math, social studies and science in the eight middle schools. This group were much more enthusiastic about the program than the first group had been, partly because of strong support from the central administration, partly because they had heard about the program from their colleagues at the high school level, and were eager to participate. During this year also, a follow-up program was provided for the Phase 1 participants.

By the third year (1984-85: Phase 3), those department coordinators who had not yet received training were clamoring to participate in the program. The twenty-two participants in Phase 3 included department coordinators in foreign language, business, and reading, as well as all new coordinators in English, math, social studies and science. In addition, ten district level supervisors in vocational education, secondary education and elementary education joined the program in order to hone their own supervisory skills and to support the program in the schools.

Two new high schools and one new middle school were opened in September, 1985. Phase IV of the program therefore trained nineteen new department coordinators; three new district supervisors also received training. As in previous years, follow-up sessions were provided for participants in earlier phases of the program.

The schedule for each year-long program included three full-day workshops and three after-school seminars. The introductory workshop, held in September, provided an overview of the cycle of clinical supervision and initial training for conducting the five steps of the cycle: pre-observation conference, classroom observation, analysis and strategy, post-observation conference, and post-conference analysis. The ASCD videotape The Supervisory Process was used as an introduction to the model, and demonstration and simulation provided

participants with enough initial skills to conduct a cycle of supervision with a teacher of their own choice.

Each participant selected a teacher from his or her own department, and worked with that teacher throughout the year. After each workshop, the participant and the teacher worked through the five steps of the cycle. The post-observation conference was audiotaped. Approximately one month after the first workshop, small group seminars of eight to ten participants met under the leadership of one of the program leaders. The conference tapes were replayed and were analyzed by members of the group. The emphasis in the seminars was on learning conference skills rather than on criticism of the audiotaped conferences.

The second workshop, usually held in late October or early November, was focussed on classroom observation. Several approaches to classroom observation and analysis were presented, with an emphasis on systems which could be adapted to answer a number of different questions or to test a variety of hypotheses. Videotapes of classrooms or role-playing situations provided opportunities for practice in the use of the approaches and instruments.

A second round of supervision cycles, taping of post-observation conferences, and seminars followed this workshop.

In January or February, a third full day workshop provided an opportunity for refining supervisory skills, particularly questioning strategies. Transcripts and audiotapes of real supervisory conferences allowed for in-depth analysis and discussion of conference strategies and behaviors.

The final seminars, which included further analysis of conference tapes and, in addition, a formal evaluation of the program, were held in March.

Follow-up sessions, held during the year after the initial program, allowed participants to explore dimensions of work with marginal teachers. This topic, though one of great interest to all participants, was deliberately not introduced

during the first year, so that participants could become skilled in working with successful teachers prior to dealing with the special needs of the marginal teacher. This sequence was also designed to emphasize the developmental nature of the model, as opposed to the diagnostic - prescriptive approach which is usually required for working with marginal teachers.

The program has, since its inception, been led jointly by a consultant from The University of Texas at San Antonio, Dr. Gillian E. Cook, and by district supervisors, particularly Barbara L. Skipper. All workshops have been planned jointly by Dr. Cook, Ms. Skipper, and the district secondary supervisors for English, science, and social studies.

As the program developed, major responsibility has shifted from the university consultant to the district supervisors. After the first year, the small group seminars were led by Ms. Skipper, and each year, district supervisors have taken an increasing responsibility for leadership in the full day workshops. The program is now at a point where it can be completely independent of the university consultant.

Research Findings

Four sources of data collection have been used to evaluate the effects of the program:

1. Workshop evaluation at the close of each full day workshop;
2. Summary evaluations at the end of each phase of the program;
3. Analysis of participants' Stages of Concern (Hall et al, 1979) throughout each program; and
4. An examination of the perceptions of participants after using the model for some time.

1. Workshop Evaluations

At the close of each full day workshop, participants assessed their learnings through an open-ended evaluation form on which they were asked to complete the following sentences:

Today I learned . . . .
I can use what I learned by . . . .
The strong point of today's workshop was . . . .
Something I would have done differently in today's workshop was . . . ,

During Phase IV this form was modified slightly to provide numerical data, by including a Likert type scale to indicate the extent of perceived learnings.

The results from these instruments were generally positive. Written comments assisted the leaders in planning for future workshops. Negative responses and comments were generally related to the physical arrangements for the workshop. Due to the rapid growth of the school age population in the district, finding a convenient and comfortable site for the workshops was an on-going problem until the 1985-86 year, when a comfortable, well-appointed staff development center was provided in one of the new high schools.

2. Summary Evaluation (see Appendix: Table 1)

At the end of the last meeting each year, participants completed a summary evaluation form based on the objectives of the program.

Five items on the form related to the 5-step cycle of clinical supervision; five were related to supervisory skills: listening, using clarifying and probing questions, responding to verbal and non-verbal cues, and showing empathy, genuineness, and respect. Participants were asked to indicate the perceived level of their mastery of each item, selecting from the following levels which are based on Joyce and Showers' work (1980); know about, understand, can do, will do, and will grow.

Each year, 75%-85% of responses overall fell in the Will Do/Will Grow categories. The items in which consistently participants recorded a lower level of mastery were those related to analysis of observation data, asking probing questions, and responding appropriately to verbal and non-verbal cues. These skills are sophisticated ones, which need considerable practice to perfect. Comments indicated that, generally speaking, participants felt that added experience with the model would enable them to reach higher levels of mastery in these areas.

3. The Concerns Based Adoption Model. (see Appendix: Table 2)

The Concerns Based Adoption Model, developed by Gene Hall and his colleagues, is designed to assess the Stages of Concern of a person about an innovation.

Data related to this model was collected and analyzed in two ways. During the first three years of the program, participants were asked, at the close of each workshop, to write their concerns about clinical supervision and the program. These were analyzed by program leaders according to the stage which each comment represented: Awareness, Informational, Personal, Management, Consequence, Collaboration, or Refocusing. During the fourth year, at the end of each workshop, the Stages of Concern Questionnaire (Hall et al, 1979) was administered. Code numbers allowed a comparison of the results of the questionnaire for each participant and for the group as a whole.

The results were similar for all four years: a slight but definite shift of concerns from the lower end (Awareness, Informational) to a slightly higher level (Consequence, Collaboration). There were no dramatic changes, indicating that it takes time to assimilate and use a new model.

4. Perceptions of Participants

In December, 1985, all department coordinators in English, Math, Social Studies and Science were asked to respond to seven questions about the program.

This group included participants from each phase of the program; no differences in perceptions were found between the particpants from difference phases.

Data was collected in two ways. The English and Math supervisors met in regular coordinator meetings for four different groups: high school coordinators (English), middle school coordinators (English), high school coordinators (Math) and middle school coordinators (Math). The groups were led by the English and math district supervisors, who posed the questions and encouraged discussion of each. The discussions were transcribed and analyzed. Fifteen participants engaged in these discussions.

For the science and social studies department coordinators, the questions were presented in written questionnaire form to all coordinators, high school and middle school. Ten completed questionnaires were returned, (67% of those sent out) and the responses were analyzed. No differences were found between the results of the two types of data collection.

The questions and findings, supported by a typical response, are as follows:

a) How much do you use Clinical Supervision and in what situations?

All except two respondents indicated that they use clinical supervision in their work with teachers. Nearly half indicated that they use it regularly; three of the others said that while they did not use the whole cycle with any regularity, they did use some skills. A typical response was, "Almost every day-this year three new teachers were added to the department: two of the teachers needed quite a bit of help and [I] have been helping them, using CS [Clinical Supervision]."

b) How much do you use the skills learned in the Clinical Supervision Training Program?

Three respondents said, "Seldom." The other respondents indicated that they use these skills frequently in their work with teachers. Several mentioned specific observation or conferencing skills which they find useful. One respondent said, "The questioning and listening skills that I have been able to learn and practice in the CSTP come in very useful, not just in the observation situation, or in post-conference situations, but in day-to-day working, dealing with my teachers."

c) What difference has the CSTP made in your work as a supervisor?

The most common response was that improvement in their supervisory skills gave the coordinators confidence as they worked with teachers. Specific skills in observation and conferencing were mentioned here. Respondents felt that the Clinical Supervision approach is fairer and more organized than more traditional approaches, and provides a supportive guideline for the supervisor. The less directive, problem-solving approach is effective. One respondent indicated that "It has changed my approach in the observation process-leads to a more insightful observation. [It] helps teachers in problem-solving (which of course is beneficial to me as a teacher)."

d) What effects has the CSTP had upon the teachers you work with?

Respondents reported that most teachers are receptive and more willing to ask for help than before; they gain confidence and demonstrate improvement. However, some teachers resent the approach or are cautious about it; some still perceive it as a means of evaluation and this makes them uneasy. The general feeling is that for teachers, it is "much preferred to a more haphazard approach."

e) What do you see as the beneficial results of the CSTP?

Added confidence and skill was seen as a major result of the program, leading to improved supervision, and thus to improved teaching. An additional benefit is better communication among members of the department. One respondent described the results of the program as "An opportunity to work with teachers for improvement. [I] have seen a great deal of change for the better with most teachers."

f) What do you see as the non-beneficial or problematic results of the CSTP?

Two-thirds of the respondents mentioned time as a problem. Clinical supervision requires an investment of time which, for busy department coordinators, is hard to find. Another problem was possible misunderstanding and mistrust on the part of teachers, particularly if they perceive the process as "evaluation." Two respondents indicated that there were no problems, while one said that she regarded the process as "unnatural." A more typical response, however, was this: "Time. That's the big problem. I think that's why we don't use it as well as it should be used. If we had more time, we could probably work lots of wonders."

g) What long-term effects is the CSTP having upon student learning?

The responses to this question were rather vague, but the general concensus was that the program improves instruction, which in turn leads to better learning. "Better supervisors make for better teachers which in turn will make better students."

The results of this research have been reported in full, because although the number of respondents was not large (n=25), it is a representative sample of the nearly 100 supervisors who have participated in the program over the past four years. In addition, this questionnaire allowed the respondents to look reflectively and holistically at the program, and its effects upon them and the teachers with whom they work in the schools.

Findings

The results of the research and our own experiences with the program over the past four years lead us to the following findings:

a) The concepts of clinical supervision are more important than a specific model of behavior. While not all respondents use the model in its original form, nearly all have learned to work in a collegial way with teachers, enabling them to analyze and understand their own teaching and to design their own directions for professional growth.

b) The methods of presentation (modeling) are at least as important as the content itself. This is particularly true of a program such as this which endeavors to teach attitudes, skills and behavior rather than focussing on acquisition of knowledge. The participants reported repeatedly that the simulated and real practice, with analysis and feedback, which was an integral part of the program, enabled them to make the skills and techniques their own.

c) District support for the clinical supervision/problem-solving approach, support which is made known to the participants, is essential to the success of the program. During the first year, although the Deputy Superintendent of the district had made his support known to the leaders of the program, the participants were suspicious and distrustful of the possibility of any real district support. It was not until the final workshop when the Deputy Superintendent came to speak to the group that the participants accepted, with surprise, that support was there. In later years, we made sure that the Deputy Superintendent was present at the initial workshop.

d) Joint planning by the consultant or leader and other district personnel is essential. The planning meetings prior to every workshop allowed the program to meet the immediate needs and concerns of the participants, while the input of the consultant helped to prevent too narrow or parochial a view of the program.

e) A comfortable and appropriate physical environment facilitates the learning of participants. Comfortable chairs, appropriate temperature, sufficient movement and breaks, a variety of working areas for large and small groups, efficient audiovisual equipment, and refreshments helped to establish an environment which aided and did not interfere with participant learning.

f) Real learning takes time. It is tempting to look for quick results and to measure the effects of the program in terms of immediate change. Follow-up sessions have underscored the need for on-going support and learning.

g) In an on-going program where new participants enter the program each year, the success of the program in the previous year contributes to the positive attitudes of participants and to easier administration of the program, but does not affect perceived learning. Because the second year of the program was much easier for the leaders, we expected to find that the participants had gained more from it. However, on all measures, the learnings by each group were approximately the same, and on some measures, the participants in the first year appeared to have learned more than those in later years.

h) New knowledge and skills gained in the program produced perceived changes in supervisory behavior, which in turn led to improved classroom instruction. While this perception is held both by district supervisors and by the department coordinators, further research is needed to examine further the effects of the program upon the instructional program of the district.

Conclusion

The Clinical Supervision Training Program was designed to provide department level coordinators with support and maintenance in their role as a bridge between administrators and teachers. Has it been successful? The answer is a qualified "yes". The skills of observation and analysis of the complex world of the classroom are difficult. This model demands more: the ability not only to observe accurately and analyze effectively, but also to teach teachers to look at and analyze their own work. These skills can be learned, but they take time and practice to acquire. Further, the supervisor must be able to establish the collegial relationship in which the teacher can work with the supervisor safely and productively. This, too, takes time and skill.

The major advantage of the model, however, is that even during the supervisor's

own training, the teacher is enabled to reflect on and improve classroom teaching. And while the collegial relationship is being established, it already promotes better communication between teacher and supervisor.

An added, and very important, advantage is that the skills learned in the Clinical Supervision Training program - listening, analyzing, reflecting and problem-solving - are beneficial in other areas of the department coordinator's professional (and private) life. As one participant said, "I listen better to my husband - and he likes it!"

Any model which teaches sophisticated skills and which changes perceptions is not quick or easy to learn. But in the long run, it helps teachers to grow - and to know how to go on growing. If we are willing to commit time and effort to this model, then it does indeed enable department level supervisors to be a "bridge over troubled waters" for the teachers and administrators with whom they work.

Table I

End of Year Findings

Level	82-83		83-84		84-85		Average	
Know About	1.3		0.8		1.0		1.0	
Understand	2.3		8.1		1.0		3.8	
Can Do	16.7		14		12.9		14.5	
Will Do	61	79.7	42.1	76.9	52.6	85.2	51.9	80.6
Will Grow	18.7		34.8		32.6		28.7	
	n = 15		n = 27		n = 31			

Table II

CBAM

Stage	82-83 Sept.	82-83 Feb.	83-84 Sept.	83-84 Jan.	84-85 Sept.	84-85 Feb.	Average	
0			6.7	5.9			2.2	2.0
1	32	4	46.7	11.8	10		29.6	5.3
2	58	15	36.7	35.3	53.3	50	49.3	33.4
3	10	42	10.0	17.6	33.3	25	17.8	28.2
4		39		29.4	33	12.5	1.1	27
5						12.5		4.2
6								
	n=19	n=26	n=30	n=17	n=30	n=8		

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